



BID SOLICITATION

Page 1 of 4
Printed: 3/2/2005

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B04828
TITLE: AUTOMATED EXT. DEFIBRILLATORS
BID OPENING DATE AND TIME:
03/18/2005 11:00 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 5/1/05 - 12/31/06

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O** MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH ELEANOR SLATER HOSPITAL
ZAMBARANO UNIT
2090 WALLUM LAKE ROAD
PASCOAG RI 02859-1813

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O** MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH ELEANOR SLATER HOSPITAL
ZAMBARANO UNIT
2090 WALLUM LAKE ROAD
PASCOAG RI 02859-1813

Requisition Number(s): R76D057445

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 5/1/05 - 12/31/06</p> <p>BIDDING</p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

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TERMS OF PAYMENT: _____

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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	<p>THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.</p> <p>465-14 HEARTSTREAM FR2+ AED w/o ECG PRODUCT# M3861A</p> <p>BRAND _____</p> <p>PRODUCT CODE # _____</p> <p>TO INCLUDE: AED, 2 SETS OF PADS, 1 LONG-LIFE LiMNO2 BATTERY, 1 USER GUIDE, 1 QUICK REFERENCE CARD</p>	6.00	EA		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
2.0	465-14 DATA CARD & TRAY PRODUCT# M3868A BRAND _____ PRODUCT CODE # _____	6.00	EA	_____	_____
3.0	465-14 CARRY CASE, SEMI RIGID PRODUCT# M3868A BRAND _____ PRODUCT CODE # _____	5.00	EA	_____	_____
4.0	465-14 PEDIATRIC DEFIBRILLATOR PACK PRODUCT# M3878A BRAND _____ PRODUCT CODE # _____	2.00	EA	_____	_____
5.0	465-14 DEFIBRILLATOR CABINET (SURFACE MOUNT) PRODUCT# PFE7024D BRAND _____ PRODUCT CODE # _____	1.00	EA	_____	_____

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	NO SUBSTITUTION PRICE TO INCLUDE FREIGHT CONTACT PERSON: KEVIN WILKS (401) 567-5563 DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	

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